

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Maile</i>		<i>07-02-01</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>5/23</i>
FORMALITY REVIEW	<i>MM</i>	<i>920</i>	<i>06-28-01</i>
RESPONSE FORMALITY REVIEW	<i>FM</i>	<i>581</i>	<i>10-10-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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RESO → CS8  
 10/10/01 C.C.  
 06-28-01